



CITY OF LEOMINSTER

Board of Health

25 WEST STREET – SUITE 9

LEOMINSTER, MASSACHUSETTS 01453

Telephone (978) 534-7533, FAX (978) 534-7508

Christopher Knuth  
Director

Application TO Operate A Massage Therapy Establishment in Leominster

NEW ☐ RENEWAL ☐

All Applicants: Please complete this application and return to the Leominster Health Department with the \$100 Application Fee. Checks should be made payable to: City of Leominster.

Date: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

2. Permanent Mailing Address: \_\_\_\_\_

3. Name of Establishment \_\_\_\_\_

4. Establishment Address: \_\_\_\_\_

5. Home Telephone Number \_\_\_\_\_ Business Telephone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

6. Building Construction:

a. Number of Floors \_\_\_\_\_ b. Number of Rooms \_\_\_\_\_

c. Number of Toilets \_\_\_\_\_ Location \_\_\_\_\_

d. Number of Sinks \_\_\_\_\_ Location \_\_\_\_\_

7. Present License No. \_\_\_\_\_

(over)

8. Give the names, occupations and addresses of three professional or business men or women, of whom inquiry can be made for further information regarding your character and fitness to be licensed to carry on the business for which you have made application.

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9. What arrangements are made for assuring the cleanliness of towels, robes, sheets or other coverings Used in the business?

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10. What education, training, experience, have you had to qualify to practice massage: (Please provide Documentation)

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11. Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_